

## **Small Business Regulatory Fairness Board Small Business Impact Statement**

**Date:** August 15, 2016

**Rule Number:** 13 CSR 70-10.030

**Name of Agency Preparing Statement:** Department of Social Services

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**Name of Person Approving Statement:** Joseph Parks, M.D.

**Please describe the methods your agency considered or used to reduce the impact on small businesses** (*examples: consolidation, simplification, differing compliance, differing reporting requirements, less stringent deadlines, performance rather than design standards, exemption, or any other mitigating technique*).

This proposed amendment provides for a one percent (1.0%) increase to nonstate-operated ICF/IID facilities per diem rates effective for dates of service beginning February 1, 2016 and a two percent (2%) increase for dates of service beginning September 1, 2016. These increases will be automatically added to the per diem rates and requires no action for the providing facilities.

**Please explain how your agency has involved small businesses in the development of the proposed rule.**

The Division has worked with the Department of Mental Health to determine the proposed amendment. Also, the proposed amendment will be filed with the Secretary of State's office and published in the Missouri Register where it will be open for comments for 30 days before a final rule will be published.

**Please list the probable monetary costs and benefits to your agency and any other agencies affected. Please include the estimated total amount your agency expects to collect from additionally imposed fees and how the moneys will be used.**

No fees will be collected in conjunction with the implementation of this rule. This proposed amendment results in an increase to the reimbursement for nonstate-operated ICF/IID facilities.

**Please describe small businesses that will be required to comply with the proposed rule and how they may be adversely affected.**

This is an increase to reimbursement for nonstate-operated ICF/IID facilities and there will be no private entity cost. The ICF/IID facilities are to use the rate increase for the increased cost of providing quality ICF/IID services but there are not any specific requirements to comply with relating to how the additional reimbursement is to be used.

**Please list direct and indirect costs (in dollars amounts) associated with compliance.**

This is an increase to reimbursement for nonstate-operated ICF/IID facilities and there will be no private entity cost.

**Please list types of business that will be directly affected by, bear the cost of, or directly benefit from the proposed rule.**

Nonstate-operated ICF/IID facilities will directly benefit from the proposed amendment.

**Does the proposed rule include provisions that are more stringent than those mandated by comparable or related federal, state, or county standards?**

Yes\_\_\_ No X

**If yes, please explain the reason for imposing a more stringent standard.**

*For further guidance in the completion of this statement, please see §536.300, RSMo.*